

CATAWBA COUNTY HEALTH DEPARTMENT

Application for Water Supply and/or Sewage Disposal Report

(check one or both) _____Water Supply Report (Bacteriological Sample Only)

_____Sewage Disposal Report

1. Report Requested By _____ Business Phone _____ Home Phone _____
Address _____
2. Mail Report To _____

3. Property Owner _____ Business Phone _____ Home Phone _____
Address _____
4. Name of Subdivision _____ Lot # _____ Section/Block/Phase _____
State Road Number or Name _____
"Specific" Directions to Property _____

5. Buyer's Name _____ Seller's Name _____
6. Has this house been occupied for the last 6 weeks? ____yes ____no If no, how long was
home vacant within this 6 week period? _____
7. Original Owner _____ Builder _____
8. Year house construction was completed _____
9. Current Occupant _____ Owner _____ Tenant _____
10. Loan Closing Date _____

FOR WELL REPORT (Bacteriological Sample Only)

Type of well: ____drilled ____bored ____dug ____other(_____)

Is the well on this same property? ____yes ____no

Is power on and is an outside spigot available to collect sample? ____yes ____no

Has well been tested before? ____yes ____no (Results_____)

Does the plumbing come out the top of the well through a sanitary well seal? ____yes ____no

Does the well ever become cloudy or has there ever been a problem with taste and/or odor?

____yes ____no

Explain: _____

Does the well casing extend six (6) inches above the ground or well slab? ____yes ____no

The well is in: ____front ____rear ____left side ____right side of the house

FOR SEWAGE DISPOSAL REPORT

Has the septic tank ever been pumped: _____yes _____no (If yes, Date: month_____ year_____)

Does any part of the septic tank system cross a property line? _____yes _____no

Is any part of the sewage system located closer than 5 feet to the house foundation or 15 feet from the basement? _____yes _____no

Does all waste water, including sinks and washers flow into the septic tank? _____yes _____no

Does any other waste water not from this house enter the septic tank? _____yes _____no

Has this septic tank system ever been repaired? _____yes _____no (When? _____year)

(If repaired, was repair checked by our department? _____yes _____no)

Are there any pipes other than gutters, footing, and basement drains emptying water from this house? _____yes _____no

Has waste water ever surfaced to the top of the ground or ever backed up in plumbing fixtures? _____yes _____no

Explain:_____

Has sewage odors or wet spongy ground been noticed in the area of the septic tank? _____yes_____no

The septic tank system is in: _____front _____rear _____left side _____right side of the house

I HEREBY CERTIFY THE INFORMATION SUPPLIED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE EVALUATION BY THE HEALTH DEPARTMENT SHALL NOT BE TAKEN AS A GUARANTEE THE WELL/SEPTIC TANK SYSTEM WILL FUNCTION IN A SATISFACTORY MANNER FOR ANY SPECIFIED PERIOD OF TIME. THE HEALTH DEPARTMENT ASSUMES NO LIABILITY FOR DAMAGES AS A RESULT OF MALFUNCTION OF SUCH SYSTEMS.

I HEREBY WAIVE ANY CLAIM FOR DAMAGES THAT MAY RESULT FROM ANY EVALUATION PERFORMED PURSUANT TO THIS APPLICATION. WELL AND SEPTIC TANK REPORTS ARE NOT A REQUIREMENT OF THE CATAWBA COUNTY HEALTH DEPARTMENT. NO LAW, RULE, OR REGULATION REQUIRES THAT A WELL AND SEPTIC TANK REPORT BE COMPLETED.

Date_____ Signature of Owner_____

(FOR OFFICE USE ONLY)

Please Contact _____ between 8 am and 9 am Phone _____

Fee_____ Date Paid_____ Receipt #_____ Initial_____

KEEP THIS APPLICATION ON HAND UNTIL THIS PROCESS IS COMPLETE.

White - Office Copy

Yellow - Owner Copy